

KANSAS MEDICAID STATE PLAN

Physicians' Services Pediatric Practitioner Services

Attachment 4.19 - B

5, Pediatric Practitioner Services

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PROCEDURE CODE	PROCEDURE DESCRIPTION	AVERAGE PAYMENT AMOUNT AS OF 7/1/95	MAXIMUM RATE
99404	PREVENTIVE MEDICINE INDIVIDUAL COUNSELING, NEW OR ESTABLISHED		\$40.00
99411	PREVENTIVE MEDICINE GROUP COUNSELING, NEW OR ESTABLISHED		\$20.00
99412	PREVENTIVE MEDICINE GROUP COUNSELING, NEW OR ESTABLISHED		\$40.00
99420	OTHER PREVENTIVE MEDICINE SERVICES, ADMN. AND INTERPRETATION		Non-Covered
99429	OTHER PREVENTIVE MEDICINE SERVICES, UNLISTED		Non-Covered
99432	NORMAL NEWBORN CARE, OTHER THAN HOSPITAL		\$45.00
IMMUNIZATIONS			
90700	DTaP		\$8.00
90701	DTP	\$6.37	\$8.00
90702	DT		\$8.00
90703	TETANUS		\$2.03
90704	MUMPS		Non-Covered
90705	MEASLES		Non-Covered
90706	RUBELLA		Non-Covered
90707	MEASLES, MUMPS, AND RUBELLA	\$6.56	\$8.00
90708	MEASLES AND RUBELLA		Non-Covered
90709	RUBELLA AND MUMPS		Non-Covered
99710	MEASLES, MUMPS, RUBELLA, AND VARICELLA		Non-Covered
90711	DTP AND INJECTABLE POLIOMYELITIS		Non-Covered
90712	POLIO, ORAL	\$5.95	\$8.00
90713	POLIO VACCINE		\$8.00
90714	TYPHOID		\$11.75
90716	VARICELLA (CHICKEN POX)		\$8.00

Note: When average payment amounts are higher than current rates, it is due to the encounter rate payment methodology for Rural Health Clinics and Federally Qualified Health Centers. These providers receive all-inclusive, cost-based reimbursement. Rates do not vary by geographic area.

TN # MS-97-07 App Date MAY 12 1997 Eff Date APR 1 1997 Supercedes MS-96-05

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PROCEDURE CODE	PROCEDURE DESCRIPTION	AVERAGE PAYMENT AMOUNT AS OF 7/1/95	MAXIMUM RATE
90717	YELLOW FEVER		Non-Covered
90719	DIPHTHERIA		Non-Covered
90720	DTP AND HIB		\$8.00
90721	DTaP and HIB		
90724	INFLUENZA VIRUS		\$4.38
90725	CHOLERA		\$6.48
90726	RABIES		\$130.00
90727	PLAGUE		Non-Covered
90728	BCG		\$30.00
90730	HEPATITIS A		Non-Covered
90732	PNEUMOCOCCAL VACCINE, POLYVALENT		\$27.11
90733	MENINGOCOCCAL POLYSACCHARIDE		Non-Covered
90737	HEMOPHILUS INFLUENZA B	\$4.49	\$8.00
90741	IMMUNIZATION, PASSIVE; IMMUNE SERUM GLOBULIN, HUMAN (ISG)		Non-Covered
90742	SPECIFIC HYPERIMMUNE SERUM GLOBULIN		\$3.00
90744	HEPATITIS B, NEWBORN TO 11 YEARS		
90745	HEPATITIS B, 11 TO 19 YEARS		
90749	UNLISTED IMMUNIZATION PROCEDURE		Non-Covered

Note: When average payment amounts are higher than current rates, it is due to the encounter rate payment methodology for Rural Health Clinics and Federally Qualified Health Centers. These providers receive all-inclusive, cost-based reimbursement. Rates do not vary by geographic area.

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Attachment 4.19B

6a

Methods and Standards for Establishing Payment Rates

#6a Podiatrist's Services

Podiatrist's services are reimbursed on the basis of reasonable fees as related to Medicaid customary charges, except no fee is reimbursed in excess of a range maximum. The range of charges provides the base for computation of range maximums.

State Plan

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Submitted 9-28-83

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KANSAS MEDICAID STATE PLAN

Attachment 4.19B

6b

Methods and Standards for Establishing Payment Rates

#6b Optometrist's Services

Optometrist's services are reimbursed on the basis of reasonable fees as related to Medicaid customary charges, except no fee is reimbursed in excess of a range maximum. The range of charges provides the base for computation of range maximums.

State Plan

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Attachment 4.19B

Methods and Standards for Establishing Payment Rates

#6c Chiropractor's Services

Chiropractor's services are reimbursed on the basis of reasonable fees as related to Medicaid customary charges, except no fee is reimbursed in excess of a range maximum. The range of charges provides the base for computation of range maximums.

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KANSAS MEDICAID STATE PLAN

Attachment 4.19-B
#6.d.

Other Practitioner's Services
Methods and Standards for Establishing Payment Rates

Psychologists

Psychologists' services are reimbursed on the basis of reasonable fees as related to Medicaid customary charges, except no fee is reimbursed in excess of a range maximum. The range of charges provides the base for computation of range maximums.

Advanced Registered Nurse Practitioners

Advanced registered nurse practitioners services are reimbursed on the basis of reasonable fees as related to customary charges, except no fee is reimbursed in excess of the range maximum. The range of charges provides the base for computation of range maximums.

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#7

Home Health Services Methods and Standards for Establishing Payment Rates

Home health services are reimbursed charges up to a statewide maximum. Provider representatives are consulted in reviewing the range of Medicaid charges to determine statewide maximum rates. Individual maximum rates are established for the following services:

- Skilled nursing services
- Physical therapy services
- Occupational therapy services
- Speech therapy services
- Home health aide services

Durable medical equipment and medical supplies are reimbursed on the basis of reasonable charges, except no fee is reimbursed in excess of a range maximum. The range of charges provides the base for computation of range maximums. Payment for used equipment is limited to a maximum of 75% of the payment for new equipment.

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Attachment 4.19-B
#9

Clinic Services
Methods and Standards for Establishing Payment Rates

Day Treatment Programs

Adult day health services are reimbursed on the basis of a negotiated rate.

Ambulatory Surgical Centers

Ambulatory surgical centers are reimbursed on the basis of a rate determined by Medicaid customary charges. Payments may not exceed reasonable fees as related to customary charges, whichever is less.

Local Health Departments

Local health departments are reimbursed on the basis of reasonable fees as related to customary charges within range maximums.

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Methods and Standards for Establishing Payment Rates

#10 Dental Services

Dental services are reimbursed on the basis of reasonable fees as related to Medicaid customary charges except no fee is reimbursed in excess of a range maximum. The range of charges provides the base for computation of range maximums.

State Plan

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KANSAS MEDICAID STATE PLAN

Attachment 4.19B

11a, b, c

Methods and Standards for Establishing Payment Rates

#11 a, b, and c. Physical Therapy, Occupational Therapy,
Speech, Hearing, and Language Disorders.

Inpatient Hospital - services are reimbursed in accordance with the
payment methodology described in Attachment 4.19-A

Outpatient Hospital - services are reimbursed in accordance with the
payment methodology described in Attachment 4.19-B #1

Home Health Agency - services are reimbursed in accordance with the
payment methodology described in Attachment 4.19-B #7

Physician - services are reimbursed in accordance with the payment
methodology described in Attachment 4.19-B #5

Hearing Aid services are reimbursed on the basis of reasonable fees as
related to Medicaid customary charges except no fee is reimbursed in
excess of a Statewide maximum. Provider representatives are consulted
in reviewing the maximum rate.

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State Plan

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